Section:

Academic Resume

Richard W. Lippert

Portfolio

14FA - 15SP

Richard W. Lippert, MBA, CSP, NCEE, NRP

ACADEMIC RESUME

Assistant Professor
Clinical Coordinator
Paramedic Program

Community College of Allegheny County - Boyce Campus
Room N-306B
595 Beatty Road
Monroeville, PA 15146-1396

Educational Background

Post-Graduate

Point Park University
Pittsburgh, Pennsylvania
Master of Business Administration

California University of Pennsylvania
California, PA 15419
M.S.Ed. (Incomplete)

Undergraduate

University of Pittsburgh
Pittsburgh, Pennsylvania
Bachelor of Science, Psychology

Other Training

Armstrong County Memorial Hospital
Kittanning, Pennsylvania
Pennsylvania State Paramedic Certification

Professional Credentials

Pennsylvania Department of Health

1995- Present	Emergency Medical Technician Paramedic
1995- Present	Emergency Medical Technician-Instructor
1994- Present	Basic Vehicle Rescue - Instructor
1993- Present	Hazardous Materials Technician
1992	Basic Vehicle Rescue
1992	Basic Rescue Practices
1992- Present	Emergency Medical Technician

Richard W. Lippert, MBA, CSP, NCEE, NRP

Emergency Medical Services Educator Certification Services (EMSECS)
2009- Present Nationally Certified EMS Instructor (NCEE)

National Registry of Emergency Medical Technicians
1998- Present National Registered Emergency Medical Technician Paramedic

American Academy of Pediatrics
2001-Present ALS Course Coordinator, Pediatric Education for Prehospital Professionals
Pediatric First Aid for Caregivers and Teachers (PedFACTS) Instructor

American College of Emergency Physicians: Pennsylvania
2001-Present Pediatric International Trauma Life Support-Instructor
1999-Present Pediatric International Trauma Life Support Provider
1998-Present International Trauma Life Support- Affiliate Faculty/Instructor
1996-Present International Trauma Life Support Provider

American Heart Association
2000-Present Neonatal Advanced Life Support
1998-Present Advanced Cardiac Life Support- Regional Faculty/Instructor
1998-Present Pediatric Advanced Life Support-Regional Faculty/Instructor
1996-Present Advanced Cardiac Life Support
1996-Present Pediatric Advanced Life Support
1995-Present Basic Cardiac Life Support- Regional Faculty/Instructor
1991-Present Basic Cardiac Life Support

National Disaster Life Support Foundation, Inc
2009 - Present Instructor
- Core Disaster Life Support (CDLS)
- Basic Disaster Life Support (BDLS)
- Advanced Disaster Life Support (ADLS)

Emergency Care and Safety Institute
2008 - Present Training Center Institute and Course Coordinator

National Highway Traffic Safety Administration/National Safe Kids Organization
2002-Present Child Passenger Safety Technician-Instructor
2001-Present Child Passenger Safety Technician

National Association of Emergency Medical Technicians
2013- Present Pre Hospital Trauma Life Support Instructor

Richard W. Lippert, MBA, CSP, NCEE, NRP

Teaching Responsibilities

PAM 103 Cardiology & Pulmonology – Lecture and Lab

Pre-requisite(s): BIO-115 or BIO-162, PAM-101, PAM-102 & PAM-112

Co-requisite(s): PAM-104, PAM-105 & PAM-116

Course Description: This course covers cardiology and pulmonology for the paramedic, involving interpretation of cardiac rhythms, treatment protocols and assessment and intervention of respiratory deficiencies. Emphasis is placed on identifying EKG rhythms and using patient assessment information.

PAM 116 Paramedic Clinical 2

Pre-requisite(s): BIO-115 or BIO-162, PAM-101, PAM-102 & PAM-11

Co-requisite(s): PAM-104, PAM-105 & PAM-116

Course Description: This course covers cardiology and pulmonology for the paramedic, involving interpretation of cardiac rhythms, treatment protocols and assessment and intervention of respiratory deficiencies. Emphasis is placed on identifying EKG rhythms and using patient assessment information.

PAM 201 Medical Emergencies

Pre-requisite(s): PAM-103, PAM-104, PAM-105 & PAM-116

Co-requisite(s): PAM-202, PAM-213 & PAM-214

Course Description: This course covers pathophysiology and psychosocial needs to assess and treat the following medical emergencies: Neurological, Abdominal and Gastrointestinal; Immunology; Endocrine; Toxicological; Hematological; Genitourinary/gynecological; Psychiatric; Infectious diseases.

PAM 202 Integrated Paramedic Concepts

Pre-requisite(s): PAM-103, PAM-104, PAM-105 & PAM-116

Co-requisite(s): PAM-201, PAM-213 & PAM-214

Course Description: This course will integrate paramedic program information and skills in accordance with the National Registry of EMTs psychomotor and didactic testing.

PAM 213 Paramedic Clinical 3

Pre-requisite(s): PAM-103, PAM-104, PAM-105 & PAM-116

Co-requisite(s): PAM-210, PAM-202 & PAM-214

Course Description: This course is a clinical rotation which will involve hospital and field application of skills and techniques learned in the classroom. Students will complete required patient contacts and track interventions. Students are responsible for providing and paying for transportation to all clinical sites as well as all other related costs. This course is graded on a pass/fail basis.

PAM 214 Paramedic Field Externship

Pre-requisite(s): PAM-103, PAM-104, PAM-105 & PAM-116

Co-requisite(s): PAM-210, PAM-202 & PAM-213

Course Description: This course incorporates all paramedic program knowledge, skills and affective techniques into a comprehensive field externship. Each student will be assigned to an EMS service and will perform as a team leader under supervision of a specified preceptor. Students will complete required patient contacts and track interventions. Students are responsible for providing and paying for transportation to all clinical sites as well as all other related costs. This course is graded on a pass/fail basis.

Section:

One Course Outline

Richard W. Lippert

Portfolio

14FA - 15SP

COURSE OUTLINE

Instructor: Richard W. Lippert, NREMT-P

Semester/Session: Spring 2015

Course Number: PAM-103 BC 61

Course Title: Cardiology and Pulmonology

Course Credits: 5

Lecture hours: 4 **Lab hours:** 2 **Other hours:**

Pre-requisite(s): BIO-115 or BIO-162, PAM-101, PAM-102 & PAM-112

Co-requisite(s): PAM-104, PAM-105 & PAM-116

Course Description: This course covers cardiology and pulmonology for the paramedic, involving interpretation of cardiac rhythms, treatment protocols and assessment and intervention of respiratory deficiencies. Emphasis is placed on identifying EKG rhythms and using patient assessment information.

Learning Outcomes: Upon successful completion of the course, the student will:

1. Describe components in a normal EKG tracing and correlate to activity in the cardiac cycle.
2. Identify abnormal EKGs including tachycardias, bradycardias, AV blocks, atrial rhythms, ventricular rhythms, premature contractions, paced rhythms and asystole in both 3-lead and 12-lead format.
3. Demonstrate proper electrode placement and technique to obtain 3-lead and 12-lead EKG readings.
4. Apply rhythm interpretation and select proper treatment interventions for various cardiac dysrhythmias.
5. Demonstrate ability to use cardiac monitor/defibrillators to deliver appropriate therapeutic electrical interventions.
6. List treatment for various cardiovascular conditions.
7. Classify respiratory system dysfunctions and proper treatment interventions.
8. Utilize pulse oximetry and capnography to assess respiratory system function.
9. Describe V/Q mismatch and appropriate interventions.
10. Apply paramedic pharmacology to cardiac and pulmonary conditions.

A student completing the lecture portion of this course with a letter grade of "C" or better will be able to:

1. Describe risk factors related to cardiovascular disease.
2. Understand the basic structure and function of the cardiovascular system.
3. Identify the major normal and abnormal heart sounds.
4. Describe the cardiac cycle, including diastole and systole.
5. Identify the various types of blood vessels.
6. Explain how the heart functions as a pump, including the concepts of cardiac output, stroke volume, heart rate, and ejection fraction.
7. Understand how electrical conduction activity occurs within the heart.
8. Understand how the autonomic nervous system controls the functioning of the heart.
9. Identify the various classes of drugs that influence the sympathetic nervous system.
10. Understand how the sympathetic nervous system regulates blood pressure.
11. Explain patient assessment procedures for cardiovascular problems, including scene size-up, primary

assessment, history taking, secondary assessment, and reassessment.

12. **Recognize the medications commonly prescribed to patients with cardiovascular diseases.**
13. **Describe the placement of leads and electrodes in 3-lead ECG monitoring.**
14. **Identify the components of an ECG rhythm strip.**
15. **Understand how to determine heart rate.**
16. **Describe the placement of 12-lead ECG leads.**
17. **Describe the placement of 15- and 18-lead ECG leads.**
18. **Understand how to interpret 12-lead ECG findings, including atrial, junctional, and ventricular rhythms.**
19. **Recognize normal sinus rhythm, and list the various types of cardiac dysrhythmias.**
20. **Discuss manual defibrillation, cardioversion, and transcutaneous pacing as techniques for managing cardiac emergencies.**
21. **Understand the indications and procedure for operating an automated external defibrillator (AED).**
22. **Describe emergency medical care for the symptomatic patient with bradycardia.**
23. **Describe emergency medical care for the symptomatic patient with tachycardia.**
24. **Describe emergency medical care for the patient with cardiac arrest, including the elements of basic life support (BLS) and advanced cardiac life support (ACLS).**
25. **Describe the components of care following resuscitation, including how to determine return of spontaneous circulation.**
26. **Describe the pathophysiology of atherosclerosis, peripheral vascular disorders, acute coronary syndrome, and angina pectoris.**
27. **Discuss the assessment and management of coronary disease and angina.**
28. **List the signs and symptoms of acute myocardial infarction (AMI).**
29. **Explain the procedure for managing AMI and suspected AMI in the field, including STEMI and non-STEMI presentations.**
30. **Understand the benefits of reperfusion techniques (fibrinolysis and percutaneous intervention) in patients with AMI or suspected AMI.**
31. **Discuss the pathophysiology of congestive heart failure and its signs, symptoms, and treatment.**
32. **Discuss the pathophysiology of cardiac tamponade and its signs, symptoms, and treatment.**
33. **Discuss the pathophysiology of cardiogenic shock and its signs, symptoms, and treatment.**
34. **Describe the pathophysiology, assessment, and management of aortic aneurysms, including both acute dissecting aneurysm of the aorta and expanding and ruptured abdominal aortic aneurysms.**
35. **Discuss the pathophysiology of hypertensive emergencies and their signs, symptoms, and treatment.**
36. **Describe the risks posed by thromboembolism.**
37. **Identify types of congenital heart disease.**
38. **Describe the pathophysiology of hypertrophic cardiomyopathy.**
39. **Describe the pathophysiology of other cardiovascular anomalies: coarctation of the aorta, truncus arteriosus, tricuspid atresia, hypoplastic left heart syndrome, tetralogy of Fallot, transposition of the great arteries, and total anomalous pulmonary venous return.**
40. **Describe how infections—endocarditis, pericarditis, and rheumatic fever—can damage the heart.**
41. **Discuss the epidemiology, morbidity, and mortality of respiratory illness in the United States.**
42. **Define hypoventilation and hyperventilation, and outline the conditions with which they are often associated.**
43. **List the structures of the upper and lower airways and accessory structures of the respiratory system.**
44. **List the three primary functions of the respiratory system.**
45. **Explain how gas exchange occurs at the interface of the alveoli and the pulmonary capillary bed.**
46. **Analyze the neurologic, cardiovascular, muscular, and renal mechanisms of respiratory control.**
47. **Analyze proper measures for ensuring scene safety when called to care for a patient with dyspnea.**
48. **Describe the factors that contribute to a general impression of the patient's condition and an accurate estimation of his or her degree of respiratory distress.**
49. **Discuss the typical presentation of a patient with dyspnea, and list the signs and symptoms that indicate a high level of respiratory distress.**
50. **Explain the special patient assessment and care considerations for older adult patients with respiratory distress.**
51. **Identify breathing alterations that may indicate respiratory distress, and become familiar with the signs of increased work of breathing.**
52. **Describe the abnormal breathing patterns associated with neurologic insults that depress the respiratory center in the brain.**

53. **Become familiar with the signs of lung consolidation, including abnormal breath sounds associated with excessive fluid in the lungs.**
54. **Explain how to assess the adequacy of the circulation of a patient with dyspnea.**
55. **Discuss how transport decisions are made for patients with respiratory distress.**
56. **Describe how to investigate the chief complaint of a patient who is having trouble breathing.**
57. **Identify each component of the SAMPLE history as it applies to patients with dyspnea.**
58. **List the over-the-counter medications likely to be used by patients with respiratory conditions, and explain what each is used for.**
59. **Describe the components of the physical examination of a patient with dyspnea.**
60. **Survey the devices used to monitor patients with respiratory complaints.**
61. **Describe interventions available for treating patients with dyspnea.**
62. **Discuss the pathophysiology, assessment, and management of a patient whose upper airway has an anatomic or foreign body obstruction.**
63. **Discuss the pathophysiology, assessment, and management of a patient who has upper airway inflammation caused by infection.**
64. **Discuss the pathophysiology, assessment, and management of a patient who has aspirated food, liquid (including blood), or a foreign body.**
65. **Discuss the pathophysiology, assessment, and management of a patient with an obstructive lower airway disease.**
66. **List and explain the three features that characterize asthma and how each is treated.**
67. **Compare the signs and symptoms of asthma, emphysema, and chronic bronchitis.**
68. **Discuss complications that can cause a patient with COPD to decompensate.**
69. **Explain the concepts of hypoxic drive and auto-PEEP as they relate to COPD.**
70. **Discuss the pathophysiology, assessment, and management of patients with pulmonary infections, atelectasis, cancer, toxic inhalations, pulmonary edema, and acute respiratory distress syndrome.**
71. **Discuss the pathophysiology, assessment, and management of patients with pneumothorax, pleural effusion, and pulmonary embolism.**
72. **Describe age-related variations in respiratory anatomy and the pathophysiology of respiratory disease.**
73. **Discuss the importance of the American Heart Association's five links of the Chain of Survival to a successful code.**
74. **Describe the management acronym SMART and each of its objectives.**
75. **Describe how progressive communities can improve survival of prehospital cardiac arrest patients.**
76. **Discuss the use of simulation in CPR training.**
77. **Discuss some of the revisions made by the American Heart Association (AHA) and International Liaison Committee on Resuscitation (ILCOR) to the Emergency Cardiovascular Care (ECC) and CPR guidelines.**
78. **Describe how you, your crew, and your agency can incorporate the latest guidelines into the management of field codes.**
79. **Discuss some of the theories that have shifted the focus of certain CPR techniques.**
80. **Summarize the steps of the BLS healthcare provider algorithm and identify the key to a successful outcome in patients with cardiac arrest.**
81. **Explain how two-rescuer CPR can benefit the paramedic and the patient.**
82. **Explain the steps in providing two-rescuer adult CPR, including the method for switching positions during the process.**
83. **Identify the various age groups of infants and children for the purposes of resuscitation procedures and equipment.**
84. **Explain the steps in providing child and infant CPR, including the method for switching positions during the process.**
85. **Discuss guidelines for circumstances that require the use of an automated external defibrillator (AED) on both adult and pediatric patients experiencing cardiac arrest.**
86. **Describe situations in which manual or automated defibrillation would be appropriate.**
87. **Summarize how to perform manual defibrillation on an adult and child/infant.**
88. **Summarize how to use an automated external defibrillator.**
89. **Describe how to manage a witnessed arrest versus a nonwitnessed arrest.**
90. **Explain special situations related to the use of automated external defibrillation.**
91. **Review the management of a cardiac arrest based on analysis of the electrocardiogram (ECG) as**

either a shockable (ventricular fibrillation or ventricular tachycardia) or a nonshockable (pulseless electrical activity or asystole) rhythm.

92. List the "Hs and Ts" and how they can be managed in the field.
93. Describe the different mechanical devices that are available to assist in delivering improved circulatory efforts during CPR.
94. Describe the general steps of postresuscitative care.
95. Describe the ethical issues related to patient resuscitation, providing examples of when not to start CPR on a patient.
96. Explain the various factors involved in the decision to stop CPR once it has been started on a patient.
97. Discuss the value of scene choreography at a field code.
98. Describe the typical roles of the code team leader and code team members at a field code.
99. Plan for a code by reviewing a sample script for a typical prehospital cardiac arrest resuscitation.

A student completing this course with a letter grade of "C" or better will be able to:

1. Demonstrate how to assess and provide emergency medical care for a patient with chest pain or discomfort.
2. Demonstrate how to perform cardiac monitoring.
3. Demonstrate how to acquire a 12-lead ECG.
4. Demonstrate how to perform manual defibrillation.
5. Demonstrate how to perform defibrillation with an AED.
6. Demonstrate how to perform cardioversion.
7. Demonstrate how to perform transcutaneous cardiac pacing.
8. Demonstrate how to manage symptomatic bradycardia.
9. Demonstrate how to perform ACLS care.
10. Demonstrate how to perform postresuscitative care.
11. Demonstrate the process of history taking for a patient with dyspnea.
12. Demonstrate how to help a patient use a metered-dose inhaler.
13. Demonstrate how to teach a patient to use a small-volume nebulizer.
14. Demonstrate the application of a CPAP/BiPAP unit.
15. Demonstrate how to perform one- and two-rescuer adult CPR.
16. Demonstrate how to perform CPR in a child who is between age 1 year and the onset of puberty.
17. Demonstrate how to perform CPR in an infant who is between ages 1 month and 1 year.
18. Demonstrate how to perform manual defibrillation in an adult patient.
19. Demonstrate how to perform manual defibrillation in an infant or child.
20. Demonstrate how to manage a patient in ventricular fibrillation or ventricular tachycardia.
21. Demonstrate how to manage a patient in asystole or pulseless electrical activity.
22. Demonstrate the steps of postresuscitative care.
23. Demonstrate how to be committed to the success of the team.
24. Demonstrate the roles of the code team member and the code team leader.

	Section	Dates	Days	Time	Room
Class Section(s) Time & Location:	**BC61**	**1/12 – 5/8**	**T/H**	**5:30-7:10PM**	**N-107**

Instructor:	**Richard W. Lippert**	**Office Hours:**	**Thursday Noon – 5:00 PM**
Telephone:	**724-325-6884**	**Office Location:**	**Boyce Campus N-220**
E-Mail Address:	**rlippert@ccac.edu**		

Materials and Resources:

Required Text(s):	**Emergency Care in the Streets – 7th Edition Nancy Caroline/Jones & Bartlett** **Prehospital Emergency Pharmacology – 7th Edition; Bledsoe & Clayden/Prentice Hall**
Required Materials:	**N/A**

Recommended Text(s):	**N/A**
Audio-Visual Materials:	**N/A**
Directed Study:	**N/A**
Open Lab, Tutoring, etc.	**N/A**

Teaching Methods:

This course is presented in a classroom environment, utilizing lecture, case studies, small group discussion and individual/group-work assignments. Students are expected to prepare for each class session by completing the reading assignments and any homework assigned. The student should check the Blackboard Announcements and Course Documents button for weekly information. The anticipated student preparation time required to be successful in this class is an average of 1-2 hours daily.

Evaluation Plan:

The Allied Health Department utilizes the following classroom grading system:

93% and above = A
86% - 92% = B
75% - 85%= C
65% - 74%= D
64% and below = F

Quizzes (260 points possible): One quiz per week maximum, 13 quizzes- 20 points each
Exam 1 (100 points possible): Covering Chapter 17 and assigned medications
Exam 2 (100 points possible): Covering Chapter 16 and assigned medication
Final Exam (150 points possible): Covering Chapters 16-17 and assigned medications

Other Policies and Procedures:

1. Attendance Policy
Students are expected to attend all didactic sessions, to be prompt and to remain in the classroom for the entire scheduled time. Students are responsible for all information, materials and skills presented at didactic sessions. Students may miss a maximum of 4 didactic sessions. For every session missed over 4, the student's letter grade will be reduced each time.

2. Assignment Information
Due dates for all assignments are listed in the Course Plan contained in this document. Quizzes will not be announced in advance. The Exam Schedule is listed in the Course Plan**.**

3. Special Accommodations
It is the student's responsibility to inform the instructor of this course their needs for special accommodations. The student must also provide proper and current documentation from CCAC's Supportive Services for Students with Disabilities department with what specific accommodations are necessary. This information and required documentation must be presented to the instructor no later than the end of Week One (1) of the semester.

4. Course Success
- Complete assignments on time as written in the course outline
- Studying every day (1-2 hour average)
- Communicating regularly with course instructor if you have a problem

5. Assessment of Student Learning
CCAC has a college-wide assessment program, the purpose of which is the improvement of instruction and student learning. Course outcomes, program objectives and the general education goals (Communication, Technology Competency, Information Literacy, Critical Thinking and Problem Solving, Quantitative and Scientific Reasoning, Culture and Society) will be assessed. As a student, you should focus on the goals, objectives and learning outcomes of your courses and program of study to help you analyze your performance and make your learning most effective. It is always CCAC's goal to have students function at their fullest capacity.

6. Additional Policies and Procedures
All students are required to adhere to the policies and procedures contained in the current CCAC Student Handbook. This includes but is not limited to the policies regarding cheating and plagiarism. In addition, all PAM students are required to adhere to the Paramedic Program Policies and Procedures contained in the Fall 2013 Manual. This manual may be updated as needed throughout your PAM Program; if updated, students will be provided with the revised copy.

7. Non-Discrimination Policy
CCAC does not discriminate based upon race, color, religion, national origin, ancestry or place of birth, sex, gender identity or expression, sexual orientation, disability, marital status, familial status, veteran status, age or use of a guide or support animal because of blindness, deafness or physical disability of any individual. Questions may be emailed to diversity@ccac.edu.

Students with Disabilities:
The Community College of Allegheny County makes every effort to provide reasonable accommodations for students with disabilities. Questions about services and procedures for students with disabilities should be directed to the Office of Supportive Services at your campus.

Course Outline Corrections:
During the semester/session, reasonable changes to the course outline may be academically appropriate. Students will be notified of these adjustments by the instructor in a timely manner.

Course Plan: PAM 103 Section: BC61 Cardiology and Pulmonology

Class Week/Date	Lesson or Topic	Learning Activities	Assignments	Evaluation
1 Jan 12-18	Anatomy and Physiology Caroline: Chapter 7 Pgs. 240 – 255 Cardiovascular Emergencies Caroline: Chapter 17 Pgs. 908 – 918 **LAB** None	Chapter 17: YOU are the Medic: Parts 1- 2		
2 Jan 19-25	Cardiovascular Emergencies Caroline: Chapter 17 Pgs. 918 – 927 **LAB** Adult CPR and Obstructed Airway Skill Drill 4: Performing Defibrillation With an AED (Caroline: 996)			
3 Jan 26-Feb 1	Cardiovascular Emergencies Caroline: Chapter 17 Pgs. 927 – 936 **LAB** Infant CPR and Obstructed Airway	Chapter 17: YOU are the Medic: Part 3 Bledsoe/Clayden Student must know medication name, mechanism of action, indications, contraindications, complications, routes of administration, side effects, interactions, dose and any specific administration considerations	Bledsoe/Clayden - Appendix B Norepinephrine – Pg. 465 Phenylephrine – Pg. 137 Isoproterenol – Pg. 452 Dopamine – Pg. 439	

4 Feb 2-8	Cardiovascular Emergencies Caroline: Chapter 17 Pgs. 936 – 946 **LAB** Skill Drill 1: Performing Cardiac Monitoring (Caroline: 938) Skill Drill 2: Acquiring a 12-Lead ECG (Caroline: 967)	Chapter 17: YOU are the Medic: Part 4 Bledsoe/Clayden Student must know medication name, mechanism of action, indications, contraindications, complications, routes of administration, side effects, interactions, dose and any specific administration considerations	Bledsoe/Clayden - Appendix B Dobutamine – Pg. 438 Inamrinonel – Pg. 450 Milrinone – Pg. 460 Vasopressin – Pg. 479	
5 Feb 9-15	Cardiovascular Emergencies Caroline: Chapter 17 Pgs. 947 – 964 Review **LAB** ECG Interpretation	Bledsoe/Clayden Student must know medication name, mechanism of action, indications, contraindications, complications, routes of administration, side effects, interactions, dose and any specific administration considerations	Bledsoe/Clayden - Appendix B Propranolol – Pg. 471 Sotalol HCL – Pg. 476 Metoprolol – Pg. 458 Labetalol – Pg. 453	
6 Feb 16-22	Exam 1 Cardiovascular Emergencies Caroline: Chapter 17 Pgs. 964 – 990 **LAB** ECG Interpretation	Bledsoe/Clayden Student must know medication name, mechanism of action, indications, contraindications, complications, routes of administration, side effects, interactions, dose and any specific administration considerations	Bledsoe/Clayden - Appendix B Atenolol – Pg. 152 Esmolol – Pg. 443 Lidocaine – Pg. 454 Procainamide – Pg. 470	**Exam 1 - 100 points Covering Chapter 17 up through Pg. 964**

7 Feb 23- March 1	Cardiovascular Emergencies Caroline: Chapter 17 Pgs. 964 – 990 **LAB** ECG Interpretation Skill Drill 3: Performing Manual Defibrillation (Caroline: 994) Skill Drill 5: Performing Cardioversion (Caroline: 998)	Bledsoe/Clayden Student must know medication name, mechanism of action, indications, contraindications, complications, routes of administration, side effects, interactions, dose and any specific administration considerations	Bledsoe/Clayden - Appendix B Adenosine – Pg. 425 Verapamil – Pg. 480 Diltiazem – Pg. 436 Amiodarone – Pg. 428	
March 3-5	Mid-Term Break			
8 March 2-8	Cardiovascular Emergencies Caroline: Chapter 17 Pgs. 990 – 1011 **LAB** ECG Interpretation Skill Drill 6: Performing Transcutaneous Pacing (Caroline: 1000) Child CPR and Obstructed Airway	Bledsoe/Clayden Student must know medication name, mechanism of action, indications, contraindications, complications, routes of administration, side effects, interactions, dose and any specific administration considerations	Bledsoe/Clayden - Appendix B Phenytoin – Pg. 468 Edrophonium – Pg. 440 Magnesium Sulfate – Pg. 455 Atropine – Pg. 431	

9 March 9-15	Cardiovascular Emergencies Caroline: Chapter 17 Pgs. 1011 - 1035 **LAB** ECG Interpretation Administering Sublingual Nitroglycerin Cardiac Arrest Management	Bledsoe/Clayden Student must know medication name, mechanism of action, indications, contraindications, complications, routes of administration, side effects, interactions, dose and any specific administration considerations	Bledsoe/Clayden - Appendix B Digoxin – Pg. 436 Heparin – Pg. 446 Enoxaparin – Pg. 440 Clopidogrel – Pg. 434	
10 March 16-22	Review Chapter 17 Exam 2 **LAB** ECG Interpretation Cardiac Arrest Management	Chapter 17: Prep Kit	Chapter 17: Assessment in Action – Pg. 1035	**Exam 2 - 100 points Covering Chapter 17, primarily Pgs. 964 - 1035**
11 March 22- March 29	Anatomy and Physiology Caroline: Chapter 7 Pgs. 232 – 240 Respiratory Emergencies Caroline: Chapter 16 Pgs. 850 – 863 **LAB** ECG Interpretation Skill Drill 12: Assisting Metered-Dose Inhaler (Caroline 530) Skill Drill 13: Administering Med via Nebulizer (Caroline 532)	Chapter 16: YOU are the Medic: Parts 1- 2 Bledsoe/Clayden Student must know medication name, mechanism of action, indications, contraindications, complications, routes of administration, side effects, interactions, dose and any specific administration considerations	Bledsoe/Clayden - Appendix B Abciximab – Pg. 424 Eptifibatide – Pg. 442 Tirofiban – Pg. 479 Streptokinase – Pg. 477	
March 30 – April 5	Spring Break			

12 April 6-12	Respiratory Emergencies Caroline: Chapter 16 Pgs. 863 – 880 **LAB** ECG Interpretation Skill Drill 11: Using CPAP (Caroline: 765)	Chapter 16: YOU are the Medic: Part 3 Bledsoe/Clayden Student must know medication name, mechanism of action, indications, contraindications, complications, routes of administration, side effects, interactions, dose and any specific administration considerations	Bledsoe/Clayden - Appendix B Anistreplase – Pg. 429 Alteplase – Pg. 426 Tenectplase – Pg. 191 Reteplase – Pg. 472	
13 April 13-19	Respiratory Emergencies Caroline: Chapter 16 Pgs. 880 – 888 **LAB** ECG Interpretation Respiratory and Cardiac Patient Management	Chapter 16: YOU are the Medic: Part 4 Bledsoe/Clayden Student must know medication name, mechanism of action, indications, contraindications, complications, routes of administration, side effects, interactions, dose and any specific administration considerations	Bledsoe/Clayden - Appendix B Sodium Bicarbonate – Pg. 474 Furosemide – Pg. 445 Bumetanide – Pg. 431 Calcium Chloride – Pg. 432	
14 April 20-26	Respiratory Emergencies Caroline: Chapter 16 Pgs. 888 – 907 **LAB** ECG Interpretation Respiratory and Cardiac Patient Management	Chapter 16: Prep Kit Bledsoe/Clayden Student must know medication name, mechanism of action, indications, contraindications, complications, routes of administration, side effects, interactions, dose and any specific administration considerations	Chapter 16: Assessment in Action – Pg. 907 Bledsoe/Clayden - Appendix B Nesiritide – Pg. 461 Nicardipine – Pg. 462 Clevidipine – Pg. 433 Nifedipine – Pg. 462	

15 April 27 - May 3	Exam 3 Review Chapters 16 & 17 **LAB** ECG Interpretation Respiratory and Cardiac Patient Management	Bledsoe/Clayden Student must know medication name, mechanism of action, indications, contraindications, complications, routes of administration, side effects, interactions, dose and any specific administration considerations	Bledsoe/Clayden - Appendix B Enalaprilat – Pg. 440 Captopril – Pg. 432 Sodium Nitroprusside – Pg. 475 Hydralazine – Pg. 447	**Exam 3 - 100 points Covering Chapter 16**
16 May 4-8	Final Exam Week			**Final Exam - 150 points Covering Chapters 16-17**

wjp10/24/06

Approved by Academic Deans 10/24/2006

Section:

Sample Assignments

Richard W. Lippert

Portfolio

14FA - 15SP

Lippert, Richard W.

From: Lippert, Richard W.
Sent: Thursday, November 13, 2014 10:41 AM
To: Sabrina Lewis
Subject: Extra Credit Assignment - Confidential

Sabrina Lewis

Extra Credit Assignment

Independent Review

You are assigned to evaluate Brian Gross on the post and the topic of *Bronchiolitis.*

Your evaluation is on a scale from 0-5 with 5 being the highest value. Please evaluate you peers post using the following criteria:

- Did they post a thread with their assigned topic and address Transmission, Pathophysiology, Assessment & Management?
- Was there a minimum of three questions/comments to the thread?
- Did they respond to all posts and inquiries?
- Did they create a valid multiple-choice question with an answer key?

Please email me your evaluation score of your peer by **Monday, November 17th at 12:00 pm EST.**

~Professor Lippert

Lippert, Richard W.

From: Lippert, Richard W.
Sent: Thursday, November 13, 2014 10:10 AM
To: 'Brian Gross (brianjohngross@gmail.com)'; 'Brian Schutzman'; 'Damien DeCaria'; 'Joseph Fischer'; 'Kevin Kuczma'; 'Kevin Mitch (k.mitch@me.com)'; 'Marissa Perelstine'; 'Michael Deibert'; 'Michael Ditto'; 'Patrick Nicholas'; 'Rob McCarthy'; 'Sabrina Lewis (cutetooboot@aol.com)'; 'Shelley Spaw'
Cc: Jones, Neil R.
Subject: PAM 201 Extra Credit Opportunity

Extra Credit Opportunity
(If you choose not to participate, notify me by email immediately.)

Log into Blackboard.
Navigate to the 14FA Medical Emergencies BC01 course.
Along the left side choose "Discussions".
You will see a Forum called "Chapter 26 Infectious Disease".

Choose this forum. You will see an example thread that I created ". Example – Meningitis".

Using your assigned topic, create a NEW thread and place your content there.

You will need to comment on a minimum of three other threads/topics. As the owner of your thread, you are to respond to all posts and inquiries.

You will be notified in a different email of the particular thread you are to evaluate for your peer.

Scoring is as follows:

5 points – Posting a thread with your assigned topic and addressing Transmission, Pathophysiology, Assessment & Management.

5 points – Posted on a minimum of three other threads/topics.

5 points – Responding to all posts and inquiries.

5 points – Creating a multiple choice question with an answer key.

5 points – Evaluation of your post/thread by your peer.

Timeline:

- Your initial thread post on your topic needs to be completed by **Friday, November 14th at 9:00 pm EST.**
- All comments/responses need to be completed by **Sunday, November 16th at 9:00 pm EST.**
- Independent reviewer scoring is due to me by email on **Monday, November 17th at 12:00 pm EST.**

Section:

Sample of Lab Assignment

Richard W. Lippert

Portfolio

14FA - 15SP

Sample Lab Assignment

PAM 103 Cardiology & Pulmonology - Lab

This course covers cardiology and pulmonology for the paramedic, involving interpretation of cardiac rhythms, treatment protocols and assessment and intervention of respiratory deficiencies. Emphasis is placed on identifying EKG rhythms and using patient assessment information.

This lab assignment was chosen begin to address the following objectives of the course:

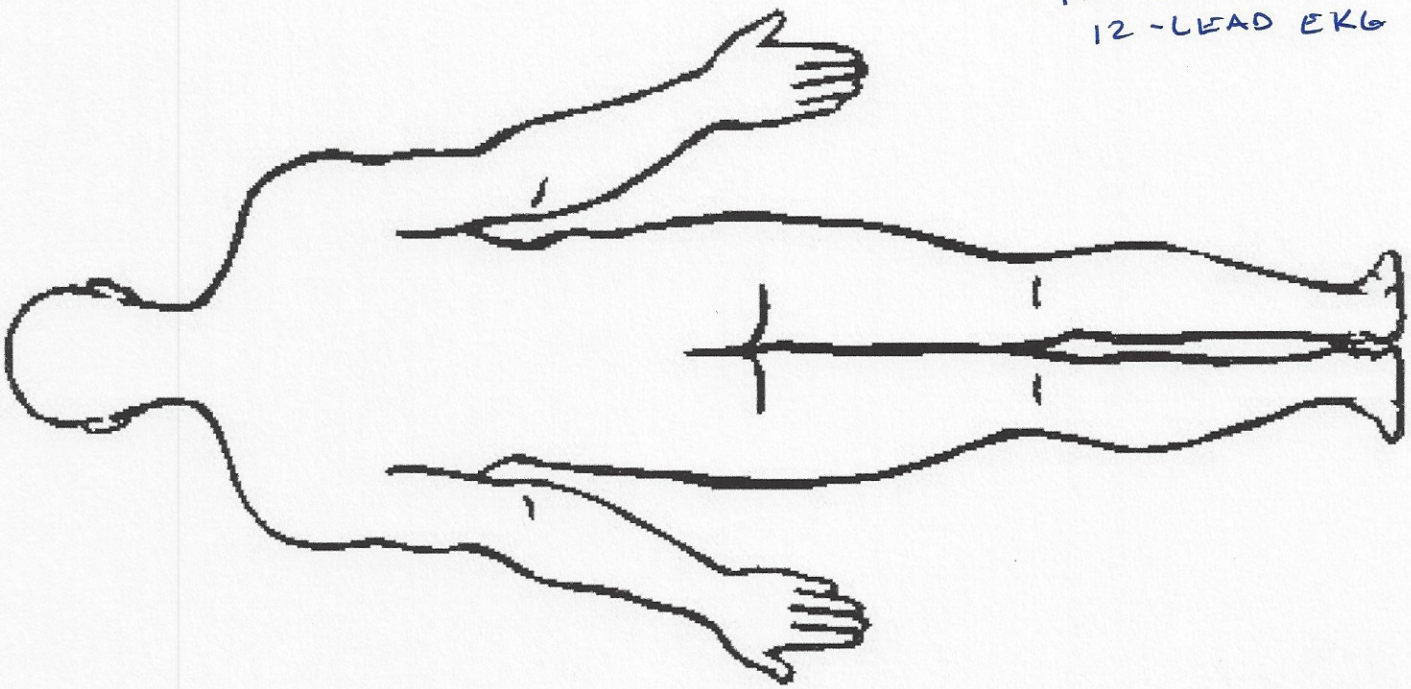
1. Describe components in a normal EKG tracing and correlate to activity in the cardiac cycle.
2. Identify abnormal EKGs including tachycardias, bradycardias, AV blocks, atrial rhythms, ventricular rhythms, premature contractions, paced rhythms and asystole in both 3-lead and 12-lead format.
3. Demonstrate proper electrode placement and technique to obtain 3-lead and 12-lead EKG readings.

Overview

The students found this an effective lab assignment as indicated by verbal feedback.

12-LEAD HANDOUT
SP 15

Application of
12-LEAD EKG



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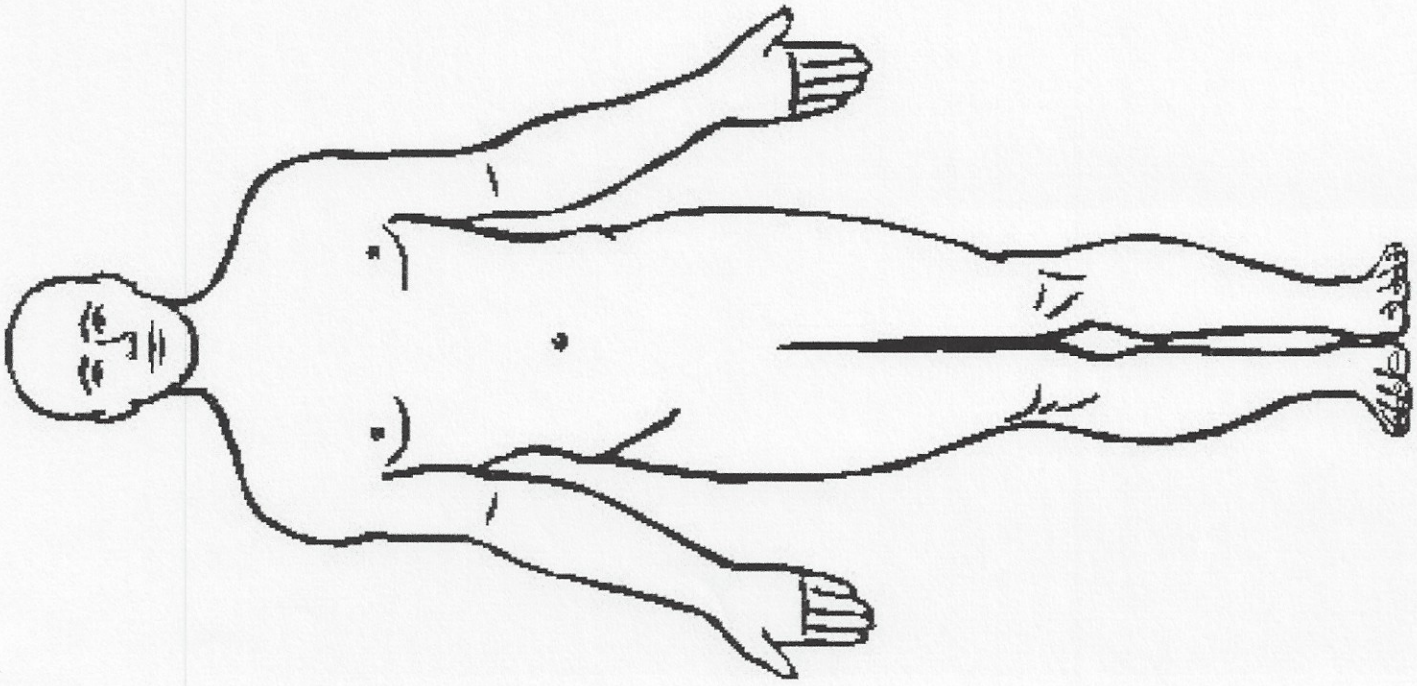

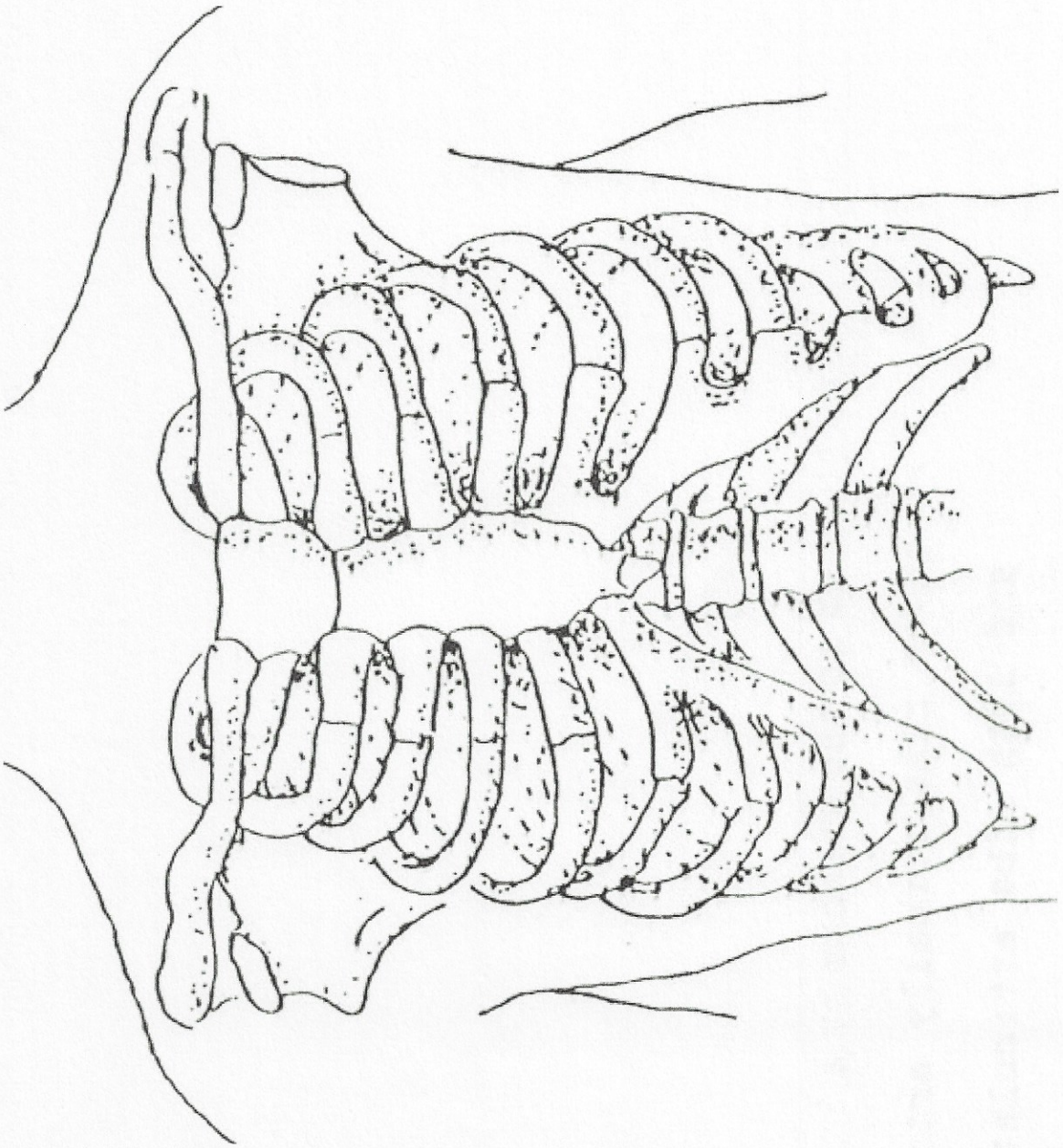

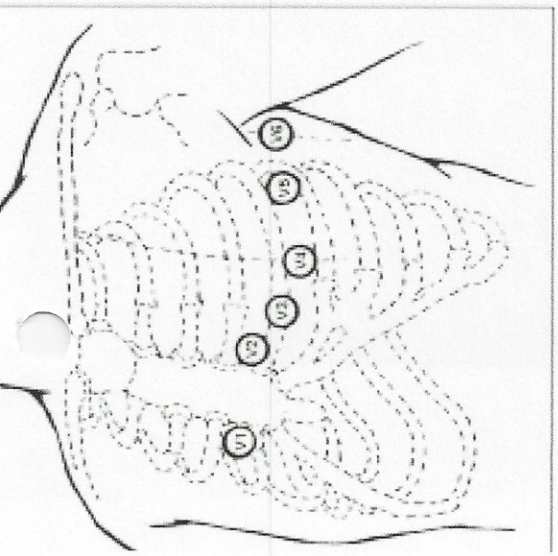
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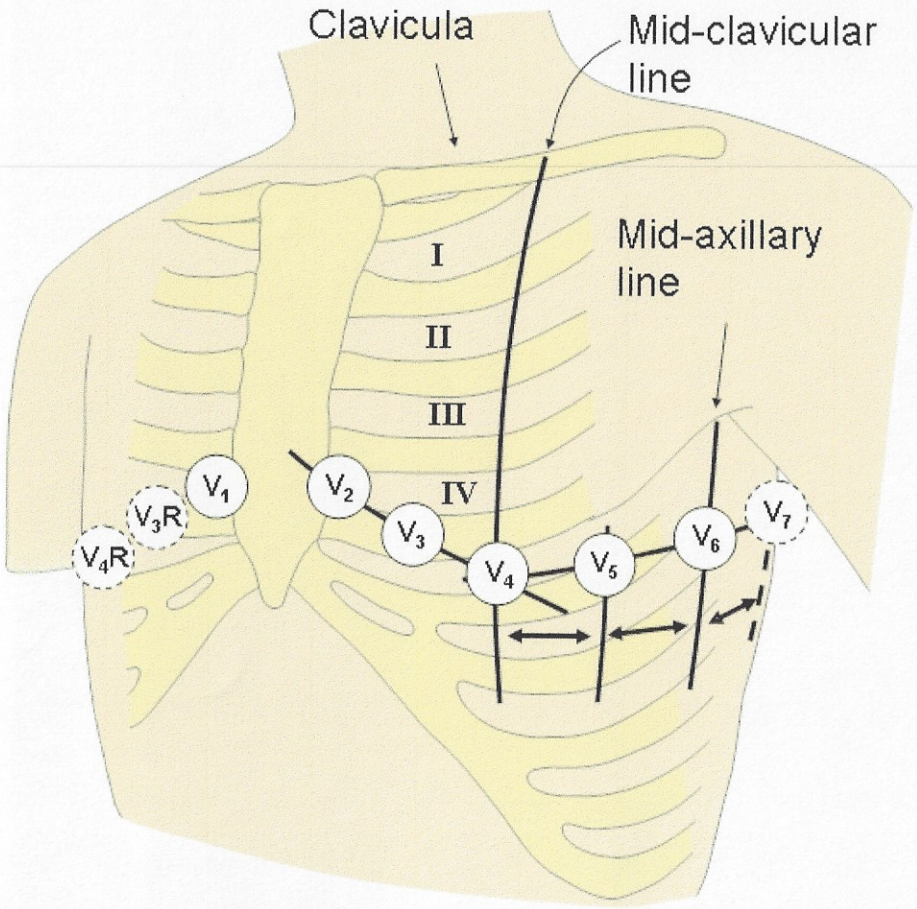
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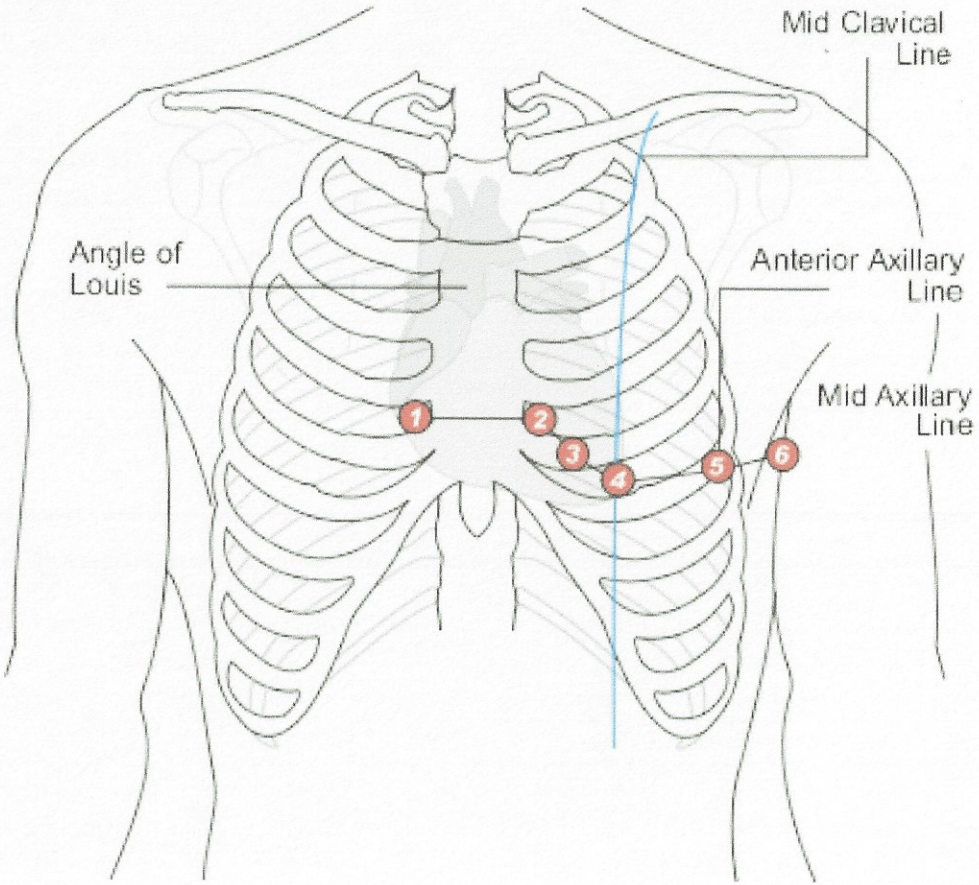
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Section:

Sample or Examination
and/or Writing Assignment

Richard W. Lippert

Portfolio

14FA - 15SP

FA14
PAM 201
Medical Emergencies

FINAL

120 Points

Name: _____ Date: _____

1. A middle-aged male who received a kidney transplant called EMS because he was not feeling well. Which of the following assessment findings is MOST suggestive of organ rejection?
   A) Excessive urine output, shortness of breath, and a diffuse rash
   B) Blood in the urine, diffuse abdominal pain, and hypothermia
   C) Fever with swelling and tenderness over the implanted kidney
   D) Bilateral flank pain that radiates to both shoulders and scapulae

2. You have administered the appropriate dose of epinephrine to a patient with a severe allergic reaction. Reassessment reveals that the patient's condition has improved markedly. The patient, who has a history of coronary artery disease, is receiving high-flow oxygen and is on a cardiac monitor. You should next:
   A) start an epinephrine infusion at 4 µg/min, administer 25 mg of Benadryl IV or IM, and begin transport.
   B) transport at once, monitor airway and breathing en route, and administer up to 50 mg of Benadryl IV or IM.
   C) administer a half dose of epinephrine, begin transport, and give the patient 125 mg of methylprednisolone en route.
   D) transport immediately, monitor the patient's blood pressure en route, and give IV fluid boluses if symptoms recur.

3. A 31-year-old man presents with diffuse hives, intense itching, and watery eyes that began acutely about an hour ago. He is conscious and alert, is breathing without difficulty, and tells you that he does not have any allergies or significant medical problems. His blood pressure is 126/76 mm Hg, pulse is 110 beats/min and strong, and respirations are 16 breaths/min and unlabored. The MOST appropriate drug, dose, and route for this patient are:
   A) diphendydramine, 25 to 50 mg, IM.
   B) epinephrine, 0.3 mg 1:1,000, IV.
   C) albuterol, 2.5 mg, via nebulizer.
   D) epinephrine, 0.01 mg/kg 1:1,000, SQ.

4. Which of the following medications has the SLOWEST onset of action when given to a patient with a severe allergic reaction?
   A) Albuterol
   B) Glucagon
   C) Diphenhydramine
   D) Methylprednisolone

5. Diphenhydramine (Benadryl) is used to treat allergic reactions because it:
   A) binds to H_2 receptors and blocks histamine release.
   B) blocks the histamine effects at the H_1 receptor sites.
   C) destroys histamines and blocks their further release.
   D) reverses the vasodilatory and bronchoconstrictive effects.

6. The correct dose, concentration, and route of epinephrine for a 40-pound child with an allergic reaction and no signs of cardiovascular collapse are:
   A) 0.12 mg 1:1,000 IM.
   B) 0.18 mg 1:1,000 SQ.
   C) 0.21 mg 1:10,000 IV.
   D) 0.25 mg 1:1,000 IV.

7. The three MOST significant indicators of anaphylactic shock are:
   A) hives, chest tightness, and restlessness.
   B) dyspnea, hypotension, and tachycardia.
   C) pruritus, peripheral swelling, and urticaria.
   D) dizziness, flushed skin, and abdominal pain.

8. Hypotension secondary to histamine release is due to:
   A) profound bradycardia and vascular dilation.
   B) decreased cardiac filling because of tachycardia.
   C) vasodilation and decreased cardiac contractility.
   D) capillary leakage and increased cardiac afterload.

9. The longer the time between exposure to a substance:
   A) the greater the chance of massive IgE antibody production.
   B) the less likely a severe anaphylactic reaction will occur.
   C) the greater the chance that severe anaphylaxis will occur.
   D) the less likely that any kind of allergic reaction will occur.

10. Allergic rhinitis and asthma are MOST often the result of exposure to an allergen via the _____ route.
   A) injection
   B) ingestion
   C) inhalation
   D) absorption

11. Following the primary response to a foreign substance, the body:
    A) recognizes the substance as foreign, but does not produce antibodies until subsequent exposure.
    B) utilizes macrophages to immediately destroy the substance and eliminate it from the body.
    C) develops sensitivity and is able to recognize the substance following subsequent exposure.
    D) releases massive amounts of antigen-specific antibodies, which produce a severe allergic reaction.

12. Early clinical manifestations of an allergic reaction include all of the following, EXCEPT:
    A) pruritus.
    B) stridor.
    C) urticaria.
    D) edema.

13. Cardiovascular effects of anaphylaxis include:
    A) diaphoresis, bradycardia, and edema.
    B) an irregular pulse, pallor, and pruritus.
    C) peripheral vasoconstriction and cool skin.
    D) tachycardia, flushed skin, and hypotension.

14. Transport of a patient in anaphylactic shock may be delayed for all of the following reasons, EXCEPT:
    A) aggressive airway control.
    B) epinephrine administration.
    C) assessment of lung sounds.
    D) a secondary assessment.

15. Which of the following general statements regarding anaphylactic shock is correct?
    A) In order to provide appropriate treatment, you must first determine what caused the allergic reaction.
    B) In the presence of anaphylaxis, intervention takes precedence over identifying the offending antigen.
    C) Anaphylactic shock would most likely occur following initial exposure to an offending antigen.
    D) Most patients who carry a prescribed EpiPen are not completely aware of what substances they are allergic to.

16. A 70-year-old homeless man presents with a rash to his hands, wrists, and ankles. He denies any known allergies and states that the rash itches severely at night. His vital signs are stable, and he is breathing without difficulty. You should:
    A) transport him to the hospital and thoroughly wash your hands after patient care has been completed.
    B) establish vascular access in case he begins to experience signs and symptoms of a severe allergic reaction.
    C) be highly suspicious that he has body lice and use a high-level disinfectant when cleaning the ambulance.
    D) administer 25 mg of diphenhydramine IM and transport him to an appropriate medical facility.

17. You receive a call for a 33-year-old man with difficulty breathing. Upon arrival, you begin to assess the patient, who tells you that he is HIV-positive. During the primary assessment, you should:
    A) immediately place a nonrebreathing mask on the patient.
    B) identify and correct immediately life-threatening conditions.
    C) inquire about any antiretroviral medications he is taking.
    D) apply two pairs of gloves in case you encounter any gross bleeding.

18. Hepatitis A is often described as a benign disease because:
    A) people with hepatitis A are typically asymptomatic.
    B) there is an effective vaccination to prevent infection.
    C) lifelong immunity occurs once the disease is acquired.
    D) no known method of transmission has been identified.

19. In addition to children, the hepatitis A vaccine is recommended for:
    A) any health care worker who functions in an actual patient care setting.
    B) emergency response team members traveling outside the United States.
    C) all Federal Emergency Management Agency response team members.
    D) all health care workers when an outbreak of hepatitis A is documented.

20. The primary target of infection with the human immunodeficiency virus is the:
    A) immune system.
    B) lymphatic system.
    C) pulmonary system.
    D) central nervous system.

21. Occupationally acquired hepatitis C virus infection:
    A) is not possible because an effective one-series vaccine is available.
    B) is most commonly contracted via blood exposure to nonintact skin.
    C) occurs by ingestion of food that is contaminated with infected feces.
    D) is related to a contaminated needlestick with visible blood on the sharp.

22. In older adults, shingles arises when the _____ virus resides in the ganglion of a nerve.
    A) rubella
    B) varicella
    C) rubeola
    D) herpes

23. Hepatitis B is also referred to as:
    A) CSF hepatitis.
    B) fecal hepatitis.
    C) enteral hepatitis.
    D) serum hepatitis.

24. The leading cause of lower respiratory tract infections in infants, older people, and immunocompromised individuals is the:
    A) rotovirus.
    B) influenza virus.
    C) parainfluenza virus.
    D) respiratory syncytial virus.

25. A paramedic would MOST likely be infected with TB if he or she:
    A) was close to a coughing patient who had a positive TB skin test.
    B) performed mouth-to-mouth on a patient with active untreated TB.
    C) was exposed to blood-stained vomitus of a patient with active TB.
    D) received a needlestick from a person suspected of having active TB.

26. Common signs and symptoms of meningitis include:
    A) irritability, back pain, headache, and hypertension.
    B) slow-onset fever, tinnitus, and an occipital headache.
    C) mental status changes, fever, stiff neck, and headache.
    D) a dark red rash, combativeness, and a low-grade fever.

27. Which of the following statements regarding the mumps is correct?
    A) Mumps can cause sterility in males past the age of puberty.
    B) Postexposure vaccination against the mumps is recommended.
    C) Mumps presents with fever and swelling of the parotid glands.
    D) A variety of bacteria have been identified as causing the mumps.

28. When disinfecting the ambulance after transporting a patient with rubella, you should:
    A) use a 1:1 bleach and water mixture.
    B) clean all surfaces with boiling water.
    C) use standard disinfection procedures.
    D) remove all equipment from the ambulance.

29. Rubella is characterized by:
    A) a low-grade fever.
    B) visual disturbances.
    C) abdominal discomfort.
    D) an isolated facial rash.

30. A common sign of the measles is:
    A) petechiae.
    B) a blotchy red rash.
    C) severe diarrhea.
    D) a purpuric rash.

31. The avian flu:
    A) is caused by a virus that occurs naturally in the bird population.
    B) is typically contracted by people who cook and eat infected chickens.
    C) has been linked directly to the hantavirus found in the feces of rodents.
    D) is preventable if antiviral drugs are given within 48 hours after exposure.

32. Most infectious disease exposures in health care providers occur due to:
    A) indirect contact.
    B) blood splatter.
    C) sharps injuries.
    D) inhaled droplets.

33. You transported a patient with flu-like symptoms to the hospital 4 days ago. Your designated infection control officer advises you that the patient was diagnosed with the avian flu. If you documented an exposure to this patient, you will MOST likely be:
    A) offered an antiviral medication.
    B) referred to an infectious disease physician.
    C) restricted from duty for a 2-week period.
    D) mandated to get a regular flu vaccination.

34. Personal protective equipment:
    A) serves as a secondary protective barrier beyond what your body provides.
    B) is a standardized set of equipment that is used with every patient contact.
    C) is the most effective means of preventing the spread of an infectious disease.
    D) is required by the CDC when a paramedic draws blood or gives an injection.

35. Which of the following is NOT a factor in determining a person's risk of contracting an infectious disease following exposure?
    A) The organism's mode of entry
    B) The virulence of the organism
    C) The age and sex of the patient
    D) Host resistance of the individual

36. Poisoning with _____ is MOST often the result of improper food storage or canning.
    A) *Listeria*
    B) *Salmonella*
    C) *Toxoplasma*
    D) *Clostridium botulinum*

37. The toxic chemical in castor beans is:
    A) ricin.
    B) cyanide.
    C) lantadene A.
    D) caladium oxalate.

38. Gamma-hydroxybutyrate is MOST commonly used to:
    A) induce euphoria.
    B) enhance the senses.
    C) treat chronic coughing.
    D) facilitate sexual assault.

39. Cyanide blocks the utilization of oxygen at the cellular level by:
    A) binding to monoamine oxidase.
    B) directly destroying red blood cells.
    C) binding to the hemoglobin molecule.
    D) combining with cytochrome oxidase.

40. Upon arriving at the scene of an incident involving a chlorine gas spill, you should:
    A) begin triaging all patients.
    B) park the ambulance upwind.
    C) remove all patients from the scene.
    D) don a protective breathing apparatus.

41. Pulse oximetry will not provide a true assessment of arterial oxygenation in patients with carbon monoxide toxicity because:
    A) the device falsely interprets oxyhemoglobin as carboxyhemoglobin.
    B) carbon monoxide damages the computer chip inside the pulse oximeter.
    C) the device cannot determine whether carbon monoxide or oxygen is bound to the hemoglobin.
    D) carbon monoxide turns the blood dark red, which indicates low oxygen content.

42. The MOST important prehospital treatment intervention for a patient with carbon monoxide poisoning is:
    A) high-flow oxygen.
    B) establishing vascular access.
    C) cardiac rhythm monitoring.
    D) monitoring pulse oximetry.

43. Carboxyhemoglobin:
    A) is a combination of oxygen and hemoglobin.
    B) effectively carries oxygen to the body's cells.
    C) is the chemical by-product of cyanide poisoning.
    D) is hemoglobin combined with carbon monoxide.

44. A person who is "speedballing" is:
    A) highly addicted to methamphetamine, cocaine, and marijuana and mixes all three drugs together to achieve various levels of euphoria.
    B) using cocaine in combination with heroin, by injecting them either underneath the skin or directly into a vein, in order to regulate the high.
    C) packaging cocaine in small plastic bags and swallowing them for the purpose of transporting the cocaine from one location to another location.
    D) using heroin to withdraw or detoxify himself or herself from cocaine by gradually increasing the amounts of heroin taken while decreasing the amounts of cocaine used.

45. Crack is a combination of:
    A) cocaine, baking soda, and water.
    B) marijuana, heroin, and baking soda.
    C) heroin, cocaine, and distilled water.
    D) ecstasy, marijuana, and alcohol.

46. Patients with alcoholism are prone to subdural hematomas and gastrointestinal bleeding because:
    A) they fall more frequently than sober people.
    B) their blood-clotting mechanisms are impaired.
    C) they are at higher risk for violent assault.
    D) alcohol causes significant immunocompromise.

47. Toxic effects of alcohol on the liver include all of the following, EXCEPT:
    A) coagulopathy.
    B) hypoglycemia.
    C) hyperglycemia.
    D) gastrointestinal bleeding.

48. You would NOT expect a person using methamphetamine to present with:
    A) insomnia.
    B) bradypnea.
    C) restlessness.
    D) hypertension.

49. A poison is a substance that is:
    A) toxic by nature, no matter how it enters the body or in what quantities it is taken.
    B) damaging to the tissues and cells, especially if injected or taken in large quantities.
    C) legal or illegal, and has the potential of causing permanent damage if it is ingested.
    D) capable of making a person ill, at a minimum, and has a great chance of causing death.

50. Spray paints and lacquer thinner contain _____, and typically cause _____ when they are inhaled recreationally.
    A) toluene, hallucinations and mania
    B) carbon tetrachloride, CNS depression
    C) methylene chloride, pulmonary edema
    D) benzene, drunken behavior and dizziness

51. Lithium is MOST commonly used to treat patients with:
    A) depression.
    B) schizophrenia.
    C) chronic anxiety.
    D) bipolar disorder.

52. Death from acetaminophen overdose is MOST often caused by:
    A) metabolic alkalosis.
    B) acute splenic rupture.
    C) progressive liver failure.
    D) gastrointestinal bleeding.

53. Hematologic manifestations of lead poisoning include:
    A) anemia.
    B) leukopenia.
    C) coagulopathy.
    D) polycythemia.

54. A 45-year-old man is found unresponsive in an alley. During your assessment, you note that he is tachycardic and breathing rapidly. He has an obvious odor of alcohol on his breath. Your MOST immediate concern should be to:
    A) obtain a blood glucose reading.
    B) take actions to prevent aspiration.
    C) determine the etiology of his tachycardia.
    D) start an IV line and administer naloxone.

55. When can the Avian Flu be transmitted from human to human?
    A) There are no reported cases of Avian Flu being transmitted from human to human.
    B) The Avian Flu may be transmitted from human to human through simple person to person contact.
    C) The Avian Flu has mostly been reported as communicable to individuals with an already immunocompromised state, if at all.
    D) Why should I care, the Avian Flu is merely a weak and rare form of flu sensationalized by the media.

56. The single best way to prevent mumps is to:
    A) Wash your hands with warm water and soap.
    B) Don't lick other people's utensils.
    C) Get vaccinated.
    D) Wear a condom.

57. Incubation period for Tetnus is usually about?
    A) 14 days from the exposure but has been documented to be as short as 3 days
    B) 20 days to 14 weeks
    C) 1 day to 3 weeks
    D) 30 days after exposure bu no less then 7

58. The typical presentation of a rash with Rubella begins on the _____ and spreads to the _____
    A) Groin; legs and abdomen
    B) Head and neck; back
    C) Face; trunk and limbs
    D) Hands; surfaces touched by patient

59. Pertussis or whooping cough has an irritating cough that becomes paroxysmal at: ?
    A) 1-2 months
    B) 1-2 weeks
    C) 7-14 days
    D) Adolescence

60. Rocky Mountain Spotted Fever is a result of being bitten by a:
    A) Spider
    B) Tick
    C) Louse
    D) Wild Animal

61. What is the primary virus that causes infection that leads to croup?
    A) Streptococcus
    B) parainfluenza type 1
    C) Epstein-Barr virus
    D) Treponema pallidum

62. In the worst case scenario for patients with bronchiolitis, what will be required for treatment?
    A) IV and fluids
    B) Oxygen
    C) Albuterol tx
    D) BVM ventilation and Intubation

63. What virus causes measles?
    A) Enteroviruses
    B) Varicella Zoster Virus
    C) Paramyxovirus
    D) Herpes Simplex Virus

64. What does SARS stand for?
    A) Sacral Anterior Root Simulator
    B) Severe Acute Respiratory Syndrome
    C) Sudden Acute Respiratory Syndrome
    D) Safety and Reliability Society

65. You arrive at the scene of an unknown drug-related emergency. Law enforcement is present and has ensured scene security. The patient, a young male, is found sitting at the kitchen table. He is laughing uncontrollably and tells you, "Life sure is good!" Your partner finds a basin of water and an empty box of baking soda on the counter. You should be MOST suspicious that this patient:
    A) is speedballing.
    B) has injected heroin.
    C) was snorting cocaine.
    D) has smoked crack cocaine.

66. You are transporting a patient who is under the influence of methamphetamine. The patient, who is clearly anxious, has a blood pressure of 160/90 mm Hg, a pulse rate of 140 beats/min, and a respiratory rate of 24 breaths/min. The patient suddenly becomes violent and begins thrashing around, trying to get off the stretcher. After asking your partner to stop the ambulance to assist you with the patient, you should:
    A) assess his blood glucose level.
    B) administer IM haloperidol.
    C) start an IV line and give him morphine.
    D) administer a beta blocker and reassess.

67. Clostridium difficile (C diff) will resolve itself after discontinuing antibiotics in :
    A) 12 to 24 hours
    B) 2 to 3 days
    C) 1 to 2 weeks
    D) 1 month

68. Which of these antiviral medications is prescribed for the chickenpox?
    A) Acyclovir
    B) Valacyclovir
    C) Famciclovir
    D) All of the above

69. During your assessment of a 33-year-old woman who you suspect is under the influence of a drug, the patient tells you that she was "listening to the painting on the wall" before you arrived. Her pulse rate and blood pressure are both elevated. This clinical presentation is MOST consistent with the use of:
    A) LSD.
    B) PCP.
    C) marijuana.
    D) methamphetamine.

70. Viruses that cause menigitis include the following EXCEPT:
    A) Enteroviruses
    B) Varicella Zoster Virus
    C) Group B Streptococci
    D) Herpes Simplex Virus

71. A young man is found unresponsive by his girlfriend. Your assessment reveals marked respiratory depression; a slow, weak pulse; and pinpoint pupils. There are numerous medication bottles found in his home. Of these, he has MOST likely ingested:
    A) Valium.
    B) Sudafed.
    C) Benadryl.
    D) Percodan.

72. Unlike a person with bulimia nervosa, a person with anorexia nervosa:
    A) is less likely to experience problems related to electrolyte imbalance.
    B) commonly describes his or her eating disorder as "out of control."
    C) experiences weight loss that may cause poor health or even death.
    D) compensates for binge eating by using various purging methods.

73. The BEST example of an impulse control disorder is:
    A) stealing.
    B) pathologic gambling.
    C) uncontrollable worrying.
    D) obsessing over one's health.

74. Which of the following statements regarding schizophrenia is correct?
    A) Although schizophrenia is a complex disorder, it is easily treated.
    B) Social influences have not been shown to contribute to schizophrenia.
    C) The typical onset of schizophrenia occurs during early adulthood.
    D) In schizophrenia, dysfunctional symptoms become less prominent over time.

75. A state of delusion in which a person is out of touch with reality is MOST appropriately termed:
    A) psychosis.
    B) derealization.
    C) schizophrenia.
    D) tangential thinking.

76. An acute dystonic reaction is characterized by:
    A) a sudden catatonic state that results from oversedation with drugs such as Zyprexa and Mellaril.
    B) intermittent explosive behavior after a person suddenly stops taking medications for schizophrenia.
    C) dry mouth, blurred vision, and cardiac dysrhythmias following treatment with a neuroleptic drug.
    D) muscle spasms of the neck, face, and back within a few days of starting treatment with an antipsychotic drug.

77. If a psychotic person's level of consciousness is fluctuating, you should:
    A) administer 25 g of dextrose.
    B) immediately assess blood pressure.
    C) consider administering haloperidol.
    D) suspect an organic brain syndrome.

78. A psychotic person may have thought insertions, which are defined as:
    A) a gross distortion of your comments into what he or she believes to be true.
    B) the belief that thoughts are being thrust into his or her mind by another person.
    C) the fear that his or her thoughts are being broadcast aloud and heard by others.
    D) strange or pressured speech because of unusual words the patient has invented.

79. Commonly used antidepressants include all of the following, EXCEPT:
    A) Paxil.
    B) Celexa.
    C) Xanax.
    D) Zoloft.

80. You are transporting a young female who intentionally ingested a large quantity of her prescribed Pamelor. She is conscious, but drowsy, and complains of a dry mouth and blurred vision. The cardiac monitor reveals sinus tachycardia at 120 beats/min. You are administering high-flow oxygen and have established a patent IV line. With regard to her ECG rhythm, you should be especially alert for:
    A) QRS widening.
    B) AV heart block.
    C) QT interval narrowing.
    D) a prolonged PR interval.

81. Patients who alternate between mania and depression:
    A) are referred to as bipolar.
    B) present with a flat affect.
    C) have multiple personalities.
    D) have a history of schizophrenia.

82. Disorganization and disorientation:
    A) are clinical presentations that are most common in younger patients.
    B) reinforce the fact that the patient's problem is psychiatric in nature.
    C) are ways that certain psychiatric conditions may present themselves.
    D) are presentations that represent a relatively small number of EMS calls.

83. A known alcoholic man is found unresponsive by a law enforcement officer. An empty container of antifreeze was found near him. Your assessment reveals that his respirations are deep and rapid, his pulse rate is rapid and weak, and his pupils are dilated and sluggishly reactive. As your partner administers high-flow oxygen to the patient, you should:
    A) start an IV line and give 1 mEq/mg of sodium bicarbonate.
    B) assess his blood glucose level and apply a cardiac monitor.
    C) start an IV line and begin administering a saline fluid bolus.
    D) give him 100 mg of thiamine IM and assess his blood pressure.

84. In anxiety disorders, the dominant moods are:
    A) anger and agitation.
    B) confusion and apathy.
    C) euphoria and elation.
    D) fear and apprehension.

85. Generalized anxiety disorder is characterized by:
    A) symptoms for at least 1 month.
    B) persistent and unproductive worrying.
    C) feelings of grandeur and inattentiveness.
    D) unreasonable fear of a particular situation.

86. When confronted with a feared object or situation, the phobic person:
    A) experiences intolerable anxiety and autonomic symptoms.
    B) truly believes that his or her fear is completely reasonable.
    C) is usually able to mitigate his or her fear with redirection.
    D) typically becomes catatonic and unable to communicate.

87. You respond to a local motel for a young woman who was sexually assaulted. Upon your arrival, you find the patient sitting on the bed talking to a police officer. The last thing she remembers is meeting "some guy" at a nightclub the evening before and then having a few drinks with him. She is conscious, but sleepy. Her respirations are 12 breaths/min and regular, pulse rate is 56 beats/min and strong, and blood pressure is 102/58 mm Hg. The cardiac monitor reveals sinus bradycardia at 50 to 60 beats/min. You should:
    A) assist her ventilations with a bag-mask device, start an IV line, administer 0.5 mg of atropine, and transport.
    B) give her supplemental oxygen, conduct a secondary assessment at the scene to collect evidence, and transport her.
    C) administer high-flow oxygen, monitor her oxygen saturation, begin transport, and start an IV line en route to the hospital.
    D) conclude that she was unknowingly administered a narcotic analgesic, start an IV line, and give her 2 mg of naloxone.

88. Toxicologic emergencies usually fall under one of two general headings: intentional and unintentional.
    A) True
    B) False

89. Anaphylaxis is an extreme form of system allergic response involving two or more body systems.
    A) True
    B) False

90. _____ is the most widely abused drug in the United States.
A) Weed
B) Heroine
C) Alcohol
D) Cocaine

91. A 41-year-old woman attempted to kill herself by cutting her wrists. Law enforcement personnel are at the scene. You have controlled the bleeding with direct pressure and a pressure bandage. The patient's vital signs are stable and she is conscious and alert; however, she refuses to go to the hospital. Despite pleas from her family to go to the hospital, she still refuses. You should:
A) respect her wishes because she is coherent, but leave her with a trusted family member.
B) use reasonable force to physically restrain the patient, administer a sedative, and transport.
C) remain with the patient, contact medical control, and request law enforcement intervention.
D) contact medical control and advise him or her that you will be transporting the patient against her will.

92. Law enforcement personnel request your assistance in caring for a violent patient. When you arrive at the scene, the patient, a 48-year-old man, is yelling obscenities and is threatening to kill anyone who comes near him. Despite your attempts to calm him verbally, he continues his threatening behavior. It is MOST important for you to:
A) ensure that you have a route for rapid egress and visually scan the patient for potential weapons.
B) utilize at least four people to physically restrain the patient so you can administer haloperidol.
C) leave the scene immediately and allow law enforcement personnel to take control of the situation.
D) ask law enforcement to immobilize the patient with a TASER so you can assess his blood glucose level.

Answer Key

1. C
2. B
3. A
4. D
5. B
6. B
7. B
8. C
9. B
10. C
11. C
12. B
13. D
14. D
15. B
16. A
17. B
18. C
19. B
20. A
21. D
22. B
23. D
24. D
25. B
26. C
27. C
28. C
29. A
30. B
31. A
32. C
33. A
34. A
35. C
36. D
37. A
38. D
39. D
40. B
41. C
42. A
43. D
44. B
45. A
46. B
47. C
48. B
49. A
50. A
51. D
52. C
53. A
54. B
55. C
56. C
57. A
58. C
59. B
60. B
61. B
62. D
63. C
64. B
65. D
66. B
67. B
68. D
69. A
70. C
71. D
72. C
73. B
74. C
75. A
76. D
77. D
78. B
79. C
80. A
81. A
82. C
83. B
84. D
85. B
86. A
87. C
88. A
89. A
90. C
91. C
92. A

1. C
   Page: 1279-1280
2. B
   Page: 1276-1277
3. A
   Page: 1277
4. D
   Page: 1277
5. B
   Page: 1277
6. B
   Page: 1277
7. B
   Page: 1275
8. C
   Page: 1273-1274
9. B
   Page: 1267
10. C
    Page: 1268-1269
11. C
    Page: 1269
12. B
    Page: 1274
13. D
    Page: 1274
14. D
    Page: 1272
15. B
    Page: 1272
16. A
    Page: 1303
17. B
    Page: 1295
18. C
    Page: 1308
19. B
    Page: 1308
20. A
    Page: 1305-1306
21. D
    Page: 1305
22. B
    Page: 1315-1316
23. D
    Page: 1304

24. D
    Page: 1299
25. B
    Page: 1298
26. C
    Page: 1297
27. C
    Page: 1315
28. C
    Page: 1315
29. A
    Page: 1314-1315
30. B
    Page: 1314
31. A
    Page: 1317
32. C
    Page: 1292
33. A
    Page: 1317
34. A
    Page: 1290
35. C
    Page: 1295
36. D
    Page: 1361
37. A
    Page: 1358
38. D
    Page: 1349
39. D
    Page: 1346
40. B
    Page: 1346
41. C
    Page: 1345
42. A
    Page: 1345
43. D
    Page: 1345
44. B
    Page: 1336
45. A
    Page: 1336
46. B
    Page: 1335

47. C
    Page: 1335
48. B
    Page: 1329
49. A
    Page: 1325
50. A
    Page: 1351
51. D
    Page: 1355
52. C
    Page: 1356
53. A
    Page: 1357
54. B
    Page: 1335
55. C
56. C
57. A
58. C
59. B
60. B
61. B
62. D
63. C
64. B
65. D
    Page: 1336
66. B
    Page: 1337
67. B
68. D
69. A
    Page: 1338
70. C
71. D
    Page: 1329
72. C
    Page: 1389-1390
73. B
    Page: 1390-1391
74. C
    Page: 1387-1388
75. A
    Page: 1382
76. D

Page: 1393
77. D
Page: 1382
78. B
Page: 1383
79. C
Page: 1392
80. A
Page: 1353
81. A
Page: 1386
82. C
Page: 1382
83. B
Page: 1350-1351
84. D
Page: 1388
85. B
Page: 1388
86. A
Page: 1388
87. C
Page: 1349
88. A
89. A
90. C
91. C
Page: 1384-1385
92. A
Page: 1385-1386

Section:

Summary of Student Survey

Richard W. Lippert

Portfolio

14FA - 15SP

Summary of Student Surveys

Student surveys were administered to all students for all classes that were taught. All categories were numerically scored as a **4.8** or higher out of a maximum of 5.0.

Overall the written responses were very favorable.

Examples:

- Very effective
- Good knowledge of topics and materials
- Great instructor – keep the tempo going

There were a couple of comments that would require addressing for future courses:

1. Interrupting Questions: There were two comments regarding students asking interrupting questions during class. This was only submitted and recorded under one course and not other courses that have the same student population attending.
    a. Recommended Solution: Ask students to hold questions until the end of class as most of their immediate questions will be answered from the content of the session.
2. Volume of Information: A few comments indicated that there was too much information to be covered in the allotted class time.
    a. Recommended Solution: Consider providing out-of-class- work to re-enforce the topics and ideas derived from the class room setting.

Section:

Evidence of Professional Growth

Richard W. Lippert

Portfolio

14FA - 15SP

Certificate of Completion

Recognizing and Reporting Child Abuse:
Mandated and Permissive Reporting in Pennsylvania

Meets ACT 31 of 2014 training requirements

3 continuing education hours

Presenter:
University of Pittsburgh School of Social Work, PA Child Welfare Resource Center
403 East Winding Hill Road, Mechanicsburg, PA 17055

Presented to:
Lippert, Richard

on the date:
11/21/2014

Provider Number: CACE000004

CE Course Number: PCW000001

MaryRose McCarthy, Director
PA Child Welfare Resource Center

Tracy Soska, Director of Continuing Education
School of Social Work

Emergency Management Institute

FEMA

This Certificate of Achievement is to acknowledge that

RICHARD W LIPPERT

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00915
Protecting Critical Infrastructure
Against Insider Threats

Issued this 20th Day of November, 2014

0.1 IACET CEU

Tony Russell
Superintendent
Emergency Management Institute

Section:

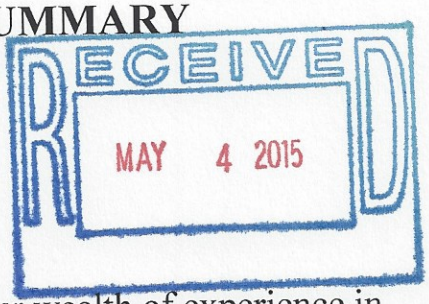
Written Assessments from Reviewers

Richard W. Lippert

Portfolio

14FA - 15SP

COMMITTEE PORTFOLIO SUMMARY



Richard Lippert

Summary Assessment Statement:
This is a good initial teaching portfolio. It displays your wealth of experience in the paramedic field. There is a discrepancy in the course evaluation plan. Student survey comments were positive. The extra credit example is questioned for its academic value.

Recommendation Statement (where appropriate):
Learning outcomes should be written so that they measure learning.
Provide a sample test that matches the course outline.
Provide more learning activities that develop clinical reasoning.

Signature _____ Date 4/29/15

Signature _____ Date 5/1/15.

Signature _____ Date 5/1/15

NON-TENURED PORTFOLIO
ASSESSMENT TRACKING FORM

Instructor's Name _____ Date _____

Department/Campus _____

First Reader: Name Lillian Brida Date Received 3/20/15

Date Summary Completed 3/20/15

Date Forwarded to Second Reader 3/20/15

Second Reader: Name Gus Kellermann Date Received 3/23/15

Date Summary Completed 3/30/15

Date Forwarded to Third Reader 3/31/15

Third Reader: Name Denise Lake Date Received 4/14/15

Date Summary Completed 4/16/15

Date Forwarded to Preparer for Written Response _____

Date Forwarded to Assessment Committee _____

Non-Tenured Assessment Committee

Date Received 4/27/15 Initials LB

Assessment Summary/Date Completed _____

Summary Returned to Instructor

Date _____ Initials _____

Response to Summary Completed [Optional] _____

Date Portfolio and Summary Assessment Forwarded to Department Head _____

Department Head _____ Date Received _____

Date Forwarded to Instructional Dean _____

Instructional Dean _____

Portfolio and Summary Assessment/Date Received _____

Date Instructional Dean Forwarded to Preparer _____

FORM FOR PORTFOLIO ASSESSMENT

Individual Assessment/Recommendation regarding instructor knowledge of the discipline, teaching effectiveness, implementation of department goals and objectives, course materials, and methods of student assessment.

Distribution: Richard W. Lippert

Tenured: One copy to faculty member
One copy to Division Administrator

Non-tenured: One copy to faculty member

Summary Assessment Statement:

1. This is a great first portfolio submission. Your academic resume displays all of your credentials in the paramedic field and the vast number of organizations you are involved with in the field.
2. The course outline was complete. However I noticed a discrepancy with the evaluation plan stating there were 2 exams and a final and in the weekly course plan three exams and a final were listed.
3. A couple sample assignments and a laboratory assignment were included. I would suggest that you consider not offering extra credit assignments. From my experience, the extra credit helps raise the Student's grade so the student is able to pass the course at semester end. However because they have not mastered the information/knowledge required, the student upon graduation is not successful at passing the national board exam.
4. A sample final exam was included. I noticed a discrepancy between the point score (120 Points) and the number of questions was 92.
5. Student survey comments presented were favorable.
6. No classroom assessment techniques (CAT) were provided.
7. There was an interesting activity for diversity and equity which involved all students.
8. Classroom observation form was completed and submitted.
9. Your portfolio submission is moving in the right direction.

Recommendation Statement:

1. Do a Classroom Assessment Technique each semester.
2. Expand activities in Service to the College and Community. I am sure you have many that were not listed in this area.

Denise Lake
Signature

4/16/14
Date

FORM FOR PORTFOLIO ASSESSMENT

Individual Assessment/Recommendation regarding instructor knowledge of the discipline, Teaching effectiveness, implementation of department goals and objectives, course materials, and methods of student assessment.

Distribution:

Tenured: One copy to faculty member
One copy to Division Administrator

Non-Tenured: One copy to faculty member

Summary Assessment Statement:

1. Academic Resume demonstrates advanced degrees earned and extensive paramedic history in the primary area of pediatric care.
2. Teaching courses and load at CCAC Boyce Campus in the PAM area are balanced between didactic and clinical sections.
3. Course Outline demonstrates multiple learning outcomes for students' to achieve, however, the lesson topics and the amount of chapters covered within the textbook are limited to Chapter's: 7, 16 and 17. Suggestion: Expand the reading materials for all the learning outcomes?
4. Is extra credit a good educational insensitive? It can be, however, it can also potentially cause students to not focus on required materials. If it works for you and the PAM students good, if not, I recommend this be eliminated due to students from this program must sit for a national board examination. Conditioning the students' to prepare for the boards throughout the courses and program without an opportunity for extra credit will increase their individual focus on course requirements.
5. Final exam is documented as 120 total points in Section 5 of the portfolio. However, there are only 92 multiple choice questions. You might want to check over the exam and point totals they do not match? Suggestion: Provide a sample test that matches the Course Outline in the portfolio.
6. Student surveys demonstrate good scores!
7. Very nice Equity and Diversity project in PAM 202 class.
8. Portfolio for a new faculty member is moving in the right direction.

Recommendation Statement (where appropriate):

- Incorporate Bloom taxonomy for outcomes vs. course materials that can be measured.

Signature _____ Date: 3/30/15.

FORM FOR PORTFOLIO ASSESSMENT

Individual Assessment/Recommendation regarding instructor knowledge of the discipline, teaching effectiveness, implementation of department goals and objectives, course materials, and methods of student assessment.

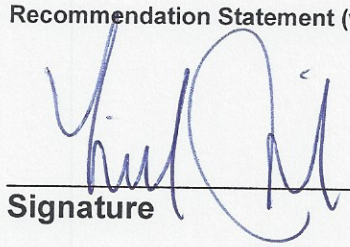
Distribution: Richard W. Lippert

Tenured: One copy to faculty member
One copy to Division Administrator

Non-tenured: One copy to faculty member.

Summary Assessment Statement: This is an excellent beginning teaching portfolio. The academic resume displays your wealth of experience in the paramedic field. The course outline contains three sets of learning outcomes. I am under the impression the first set is from the course syllabus. Some of the learning outcomes verbs are not measureable. It is difficult to measure understanding. I suggest you use Blooms' taxonomy to formulate measureable outcomes. I also question the number of learning outcomes. Can some of them be combined? The assessment portion of this portfolio does not contain any classroom assessment of student learning activities. The example given is a sample of an evaluation of the student. The class example of equity and diversity is interesting and sounds very effective. The Principles of Ethics and Personal Leadership course is a great concept to facilitate leadership in the paramedic students.

Recommendation Statement (where appropriate):



Signature

3/20/15

Date

Awaiting a forward email and official write up from Dean Richard A. Allison who performed an in-class observation in the FA14 Term.

Section:

Information or Involvement in Assessment

Richard W. Lippert

Portfolio

14FA - 15SP

Information On Involvement With Class

General Education Assessment (Example Include)

The students are assessed on a weekly basis for their knowledge and understanding of the required medications that can be administered for a specific medical diagnosis. These quiz assessments are administered via the Blackboard medium. After each quiz, there is an opportunity to ask questions and provide clarification on components that they may not understand.

Sample Quiz Example (pulled from Blackboard with answer key)

Including medications:

Description

1. Phenytoin (Dilantin)
2. Edrophonium (Tensilon)
3. Magnesium Sulfate
4. Atropine

1. Multiple Answer: Phenytoin (Dilantin) is in what class...

Question Phenytoin (Dilantin) is in what class of medication? (pick all that apply)

Beta Blockers

Antianginals

Diuretics

Narcotic: Analgesics

Answer

Anticonvulsant

Antiarrhythmic

2. Multiple Answer: Edrophonium (Tensilon) has side effec...

Question Edrophonium (Tensilon) has side effects including: (pick all that apply)

Dizziness

Coughing

Answer

Syncope

Ventricular Fibrillation

Headache

SVT

3. Multiple Answer: Edrophonium (Tensilon) is CONTRAINDIC...

Question Edrophonium (Tensilon) is CONTRAINDICATED in patients with: (choose all that apply)

Sinus bradycardia

History of asthma

Tachycardia

COPD

Answer

CHF

Cardiogenic shock

History of Sensitivity

4. True/False: Edrophonium (Tensilon) increases symp...

Question Edrophonium (Tensilon) increases sympathetic tone?

Answer

True

False

5. True/False: Phenytoin (Dilantin) may cause the C...

Question Phenytoin (Dilantin) may cause the CNS depression?

Answer

True

False

6. Multiple Answer: Actions of Edrophonium (Tensilon) inc...

Question Actions of Edrophonium (Tensilon) include: (choose all that apply)

Depression SA node

Answer

Increases parasympathetic tone

Creates a heart block

Decreases heart rate

Decreases AV conduction

Reverses SVT

Potentiates acetylcholine

7. True/False: Magnesium Sulfate can cause cardiac c...

Question Magnesium Sulfate can cause cardiac conduction abnormalities if administered in conjunction with digitalis?

Answer

 True

False

8. True/False: Phenytoin (Dilantin) can safely be ad...

Question Phenytoin (Dilantin) can safely be administered to patients with high-grade heart blocks?

Answer

True

 False

9. True/False: Phenytoin (Dilantin) dose is 5mg IV/I...

Question Phenytoin (Dilantin) dose is 5mg IV/IO over 5 minutes?

Answer

True

 False

10. Multiple Choice: Edrophonium (Tensilon) is in what cla...

Question Edrophonium (Tensilon) is in what class of medication?

Anticholinesterase

Antianginals

Answer

Diuretics

Narcotic Analgesics

Anticonvulsant

11. Multiple Answer: Magnesium Sulfate is in what class of...

Question Magnesium Sulfate is in what class of medication? (pick all that apply)

Sympathetic Blockers

Antianginals

Diuretics

Answer 

Antiarrhythmic

Anticonvulsant

12. Multiple Choice: tropine is in what class of medication?

Question tropine is in what class of medication?

Beta-Blockers

Antiarrhythmics

Antiarrhythmic

Answer

Narcotic Analgesics

Anticholinergic

13. Multiple Choice: Phenytoin (Dilantin) is indicated in ...

Question Phenytoin (Dilantin) is indicated in all of the following EXCEPT:

Stable narrow complex tachycardias

Certain forms of polymorphic VT Control ventricular rate of A-Fib or A-Flutter

Answer

Status epilepticus

High grade heart blocks

14. Multiple Answer: Atropine should be avoided in patient...

Question Atropine should be avoided in patients with? (choose all that apply)

Hemodynamically significant bradycardia

History of asthma

Answer

Tachycardia incorrect Prolonged QT syndrome

CHF

Hypovolemic shock incorrect

15. Multiple Choice: Atropine dose should not exceed:

Question Atropine dose should not exceed:

3 mg

12 mg/kg

Answer

10 mg

15 mg

12 mg

16. Multiple Answer: Magnesium Sulfate side effects includ...

Question Magnesium Sulfate side effects include the following: (pick all that apply)

Increased alertness

Answer

Confusion

Anxiety

Drowsiness

Convulsions

Respiratory depression

17. Multiple Answer: Contraindications for use of Magnesiu...

Question Contraindications for use of Magnesium Sulfate include: (choose all that apply)

Heart blocks correct Shock

PVC’s with bradycardia

Answer

Systolic blood pressure <100 mmHg

Heart rate > 145 beats /minute

18. Multiple Answer: Magnesium Sulfate is indicated for: (...

Question Magnesium Sulfate is indicated for: (choose all that apply)

Polymorphic ventricular tachycardia

Answer

Eclampsia

Amiodarone overdose

Cellular edema

19. Multiple Choice: The initial does of Magnesium Sulfate...

Question The initial does of Magnesium Sulfate is:

1.0-4.0 mg/kg

10 mg/kg

Answer

25-50 mcg/kg

1.0 mg/kg

1.0-4.0 mcg/kg

20. Multiple Choice: Correct Atropine dose for bradycardia...

Question Correct Atropine dose for bradycardia is:

3 mg/kg

12 mg/kg

0.5 mg

Answer

15 mg

3 mg/kg

12 mg

2.0 mg

Section:

Information related to Enhancing Equity and Diversity

Richard W. Lippert

Portfolio

14FA - 15SP

Equity and Diversity

PAM 202 Integrated Paramedic Concepts

In this course we began to speak about differences in the presentation of patient conditions and also the background that every patient has. All backgrounds are different. The following exercise was incorporated to stress the recognition of differences in people.

Goal
To help participants recognize the differences among people, as well as the many similarities people share.

Time
10–15 minutes

Materials
Open space large enough for two people to take a short walk

Procedure
Two "volunteers" come forward and stand with backs together. Ask the "audience" to call out things about these two volunteers that are different. Differences sometimes pull us apart. As each difference is called, the volunteers take one step apart. When they reach the end of the available space, have them turn and face each other. Now, ask the audience to call out similarities of the volunteers. As each similarity is called out, the volunteers take one step toward each other.

Discussion
1. Think about the things that were noted as differences. How many were things that we can easily see (gender, size, hair color, skin color, dress, wearing glasses or not, etc.)?
2. What were some of the similarities? While certain physical characteristics are similar, many other similarities are not so visible. Perhaps both "volunteers" are enthusiastic or both have similar interests or goals in life.
3. Talk about the importance of the differences and of the similarities among members of the group. Be sure to talk about the importance of accepting and welcoming all members into the group.

Findings
The exercise was well received and the stimulated conversation was palpable between the students. This is an exercise that I plan to repeat with other groups. Students reported that it was a nice opportunity to see how differences can be addressed and embraced.

Section:

Service to College and/or Community

Richard W. Lippert

Portfolio

14FA - 15SP

CERTIFICATE
of COMMUNITY SERVICE

This certifies that

RICHARD W. LIPPERT

Has volunteered 4 hours of Community Service for

CHILD PASSENGER SAFETY EDUCATION
& CAR SEAT SAFETY

At Penn Township EMS
Penn Township, PA 15636

October 3, 2014
DATE

Kathy Strotmeyer
ORGANIZER

Section:

Statement of Anticipated Future Professional Growth

Richard W. Lippert

Portfolio

14FA - 15SP

Anticipated Future Professional Growth

I am currently involved in **Principles of Ethics and Personal Leadership** (PEPL) through the NAEMT organization. PEPL provides EMS and Mobile Integrated Healthcare (MIH) practitioners at all levels with the skills they need to effectively interact with patients and their families, medical personnel, coworkers, supervisors and the community. Course topics include personal and professional core values, ethics, decision-making, duty to serve and conflict resolution.

I will be able to offer this course to our students in the Paramedic Program as a Course Facilitator.

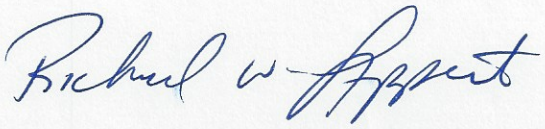
The Principles of Ethics and Personal Leadership (PEPL) is a new NAEMT course for EMS practitioners. This 16-hour course provides EMS and Mobile Healthcare (MHC) practitioners at all levels with the necessary knowledge and skills to effectively interact with patients and their families, other medical personnel, co-workers, supervisors and community residents at large.

The course covers topics and skills in the following areas:

- personal and professional core values
- ethics
- decision-making
- duty to serve
- strategies for conflict resolution
- ambassadorship for the profession, their agencies, and the community at large

Through course presentation, dialogue, and learning activities, including written and video case studies, students will explore the importance of ethics and personal leadership, identify their leadership roles in civic life as individuals, family members, professionals, and members of the community, and practice the skills important to the exercise of personal, ethical leadership.

This course is accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) and recognized by the National Registry of EMTs (NREMT). Students who take this course may choose to receive a free one-year trial membership in NAEMT.



Section:

Sample of Handouts

Richard W. Lippert

Portfolio

14FA - 15SP

Study Guide for PAM 103 Exam #1

This is a general study guide overview for the PAM 103 Exam #1. All information provided in the text, lecture, lab, and Blackboard resources can be used as exam questions.

Exam makeup:

- Part 1 - 70 Multiple Choice Questions
- Part 2 of the exam will be rhythm recognition (20 Rhythms) of the single lead rhythms that have been covering in the past few classes. You may be asked to identify the following:
  - P wave morphology
  - PR interval
  - QRS segment
  - ST segment
  - QT segment
  - Rhythm interpretation

Page(s) Reference	Topic
p 910	Describe risk factors related to cardiovascular disease
pp 910– 912	Understand the basic structure and function of the cardiovascular system
pp 934– 935	Identify the major normal and abnormal heart sounds
p 912	Describe the cardiac cycle, including diastole and systole
p 914	Identify the various types of blood vessels
pp 915, 917– 918	Explain how the heart functions as a pump, including the concepts of cardiac output, stroke volume, heart rate, and ejection fraction
pp 918– 921	Understand how electrical conduction activity occurs within the heart (i.e. Heart block signal impulse, pacemakers)
p 915	positive/negative chronotropic effect & positive/negative inotropic effect
pp 921– 923	Understand how the autonomic nervous system controls the functioning of the heart, acetylcholine & cholinesterase
pp 923– 927	Identify the various classes of drugs that influence the sympathetic nervous system.
pp 924– 925	Alpha & Beta medication interaction, sympathetic properties
pp 927– 928	Understand how the sympathetic nervous system regulates blood pressure
pp 928– 936	Explain patient assessment procedures for cardiovascular problems, including scene size- up, primary assessment, history taking, secondary assessment, and reassessment
pp 930– 933	Recognize the medications commonly prescribed to patients with cardiovascular diseases (i.e. Beta blockers, calcium channel, etc.), know the implications of jugular venous distention
pp 937– 938	Describe the placement of leads and electrodes in 3- lead ECG monitoring
pp 942– 944	Identify the components of an ECG rhythm strip
pp 945– 947	Understand how to determine heart rate
pp 939, 941	Describe the placement of 12- lead ECG leads

pp 940– 941	Describe the placement of 15- and 18- lead ECG leads
p942	P wave, PR interval, QRS, ST segment, T wave, Q wave, & J point significance
p 943	Absolute/relative refractory period of the ventricles
p 952	Definition of paroxysmal
pp 947– 964	Recognize normal sinus rhythm, and list the various types of cardiac dysrhythmias
p 915	Ejection fraction (EF): The percentage of blood that leaves the heart on each contraction i. Measurement taken from left ventricle ii. Normal range of 55% to 70%, lower if heart is damaged
p 972	Aberrant Conduction - We have talked about this numerous time is class and lab regarding how this conduction is abnormal

Section:

Samples of Unsolicited Student Letters and Comments

Richard W. Lippert

Portfolio

14FA - 15SP

Reply Reply All Forward

Thank you

Shelley Spaw [sspaw30@yahoo.com]

To: Lippert, Richard W.

Monday, January 12, 2015 12:00 PM

Thank you! I couldn't have done it without your help, Neil's and everyone else who had hand it. I'm very grateful to have had two great teachers in this process.
Sent from Yahoo Mail on Android

From:"Lippert, Richard W." <rlippert@ccac.edu>
Date:Mon, Jan 12, 2015 at 10:14 AM
Subject:National Registry Practical Exam

Shelley,

I wanted to extend my congratulations for you successfully completing the practical portion of the National Registry exam.

~Professor Lippert

Section:

Peer/Professional Observation and Evaluation

Richard W. Lippert

Portfolio

14FA - 15SP

CONFIDENTIAL

COMMUNITY COLLEGE OF ALLEGHENY COUNTY

CLASSROOM OBSERVATION FORM

* * * * *

This form should be used to document the presence of teaching activities/behaviors which are indicative of effective teaching. Please keep in mind that the observation reflects a **"snapshot"** of teaching and is not intended as a representation of overall teaching practices. No overall rating or score will be given to the instructor on this observation form. The form represents one piece of documentation that will be used in completing the instructor's annual performance evaluation.

Instructor:	**Richard Lippert**	**Campus:**	**Boyce Campus**
Course Title/ Number:	**PAM201-BC01 Medical Emergencies**	**Department:**	**Allied Health**
Number of Students:	**13**	**Observer(s):**	**Richard Allison Lillian Briola**
Date:	**11-18-14**		

Teaching Activities/Behaviors (*please check one in each category*):

	Satisfactory	Needs Improvement	Not Observed
Variety and Pacing of Instruction	X		
Organization of Class and Materials	X		
Presentation of Information	X		
Content Knowledge	X		
Student Interaction and Engagement	X		

Observer Comments: Mr. Lippert began his class by passing around an attendance sheet which is highly recommended. During his presentation, he used very practical and common examples to which his students could relate (including current topics on virus infection). Good questions were asked of students facilitating clinical reasoning. Mr. Lippert appeared extremely knowledgeable of his filed and was able to give real-life situations and infuse the discussion with current local and world events. There was a relaxed and good interchange between Mr. Lippert and the students with them clearly feeling comfortable to make comments and to ask questions. He encouraged student dialogue and followed questions with knowledgeable information and at times lively humerous responses. He often provided practical information in addition to prescribed treatment.

Suggestions for improvement: A couple of students were attempting to be funny and distracting the class. We would suggest that you pull them aside privately and redirect their energy and ideas in order to "reel-in" their behaviors. We suggest that a bit more classroom structure (i.e. only allowing one student to speak at a time) would be beneficial.

Observer Signature: Richard L. Aaron **Date:** 11/18/14

Todd Fri **Date:** 11/18/14

Instructor Comments:

Instructor Signature: Richard W. Lippert **Date:** 11/18/14